

Michigan Department of Community Health

*DRAFT HIPAA 5010A1EDI Companion Guide for
ANSI ASC X12N 270/271
Health Care Eligibility Benefit Inquiry and Response*

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Michigan Department
of Community Health



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MEDICAL
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Introduction

This document is the property of the Michigan Department of Community Health (MDCH). The information contained in this document is for the use of Trading Partners engaging in electronic data interchange (EDI) health care transactions with the State of Michigan's Community Health Automated Medicaid Payment System (CHAMPS).

This document is intended as a companion to the 005010X279 • 270/271 Health Care Eligibility Benefit Inquiry and Response Technical Report 3 (TR3) dated April 2008. This document also includes updates appearing in:

- Errata 005010X279E1 • 270/271 Health Care Eligibility Benefit Inquiry and Response dated January 2009
- Errata 005010X279A1 • 270/271 Health Care Eligibility Benefit Inquiry and Response dated June 2010

The TR3 documents replace the 4010A1 Implementation Guide and related Addenda. The 5010A1 TR3 and related Errata documents can be downloaded from the Washington Publishing Company web site at <http://www.wpc-edi.com/content/view/817/1>.

This document is expected to be used in conjunction with the TR3 and related Errata for the 270 and 271 transaction sets. The content of this document follows the guidelines authorized in the version modifications to the Health Insurance Portability and Accountability Act (HIPAA) Final Rule transaction standards published in the Federal Register January 16, 2009.

This document provides MDCH-specific instructions regarding certain elements within the TR3 but does not change, supersede, or add to the definitions, data conditions, or use of data elements or segments in the standard. This document provides MDCH rules regarding:

- Identifiers to use when a national standard has not been adopted
- Parameters in the TR3 and related Errata that provide options

In order to successfully download HIPAA transactions from the CHAMPS system it is necessary to comply with the information contained in the MDCH Electronic Submission Manual Dated February 2009. Note that revision of the MDCH Electronic Submission Manual is expected during calendar year 2011. The most current version of this manual can be downloaded from the MDCH web site at the following location: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42545_42638---,00.html.

Transaction Description

The 270/271 Health Care Eligibility Request and Response transactions are used to convey health care eligibility and benefit information. This paired transaction set is comprised of two transactions: the 270, which is used to request (inquire) information, and the 271, which is used to respond with coverage, eligibility, and benefit information.

General Information

This document is for enrolled Medicaid enrolled providers and/or their contracted clearinghouse vendors. Please note that the information contained within this document is based on existing MDCH Benefit Plan (BP) information and is subject to change. The Medicaid Provider Manual can be found at the following link to obtain program policy and benefit information: www.michigan.gov/medicaidproviders. From this link, select: Policy and Forms and then select "Medicaid Provider Manual".

MDCH is required to offer and support HIPAA-compliant 270/271 transactions. However as noted in the X12N 270/271 (005010X279) TR3, a information source is not required to generate an explicit response to an explicit request and only needs to support the minimum requirements for HIPAA compliance. These minimum requirements can be found in Section 1.4.3 277 of the 005010X212 • 276/277 TR3.

This document provides information on the following topics:

- Search Options
- HIPAA 270/271 Real-Time Web-Service
- Batch Business Use
- Mode of Batch Submission Descriptions
- Companion Guide Rules for the 270 and 271 transactions
- Appendix A containing a crosswalk of MDCH Eligibility Data to the EB01, EB03, EB04, EB05, and EB07 Segments

Search Options

MDCH supports the following data set search criteria outlined below:

- Primary Search Options:

- Member ID (Use Client Identification Number (CIN) for MICHild Inquires if 2100A Loop NM109 value is 'D00111-MI Child' or Beneficiary Id if NM109 value is 'DCH00111' for all other inquiries.)
 - Member Full Name (First Name, Last Name)
 - Member Date of Birth
 - Member SSN
 - Alternate Search Options:
 - Member ID (Use Client Identification Number (CIN) for MICHild Inquires if 2100A Loop NM109 value is 'D00111-MI Child' or Beneficiary Id if NM109 value is 'DCH00111'.)
- Or any two of the following:
- Recipient Full Name (First Name, Last Name)
 - Recipient Date of Birth
 - Recipient SSN
- Additional Alternate Search Options to identify a unique member if AAA 76 (Duplicate Subscriber/Insured ID Number) is returned in 271:
 - Gender Code
 - Postal Code

HIPAA 270/271 Real-Time Web Services

A direct option is currently not available but is offered through MPHI for enrolled Providers, Billing Agents, and Clearinghouse Vendors registered with CHAMPS. The following services are provided on behalf of MDCH and are available free-of-charge:

- X12 270/271 (Real time) HIPAA Transaction: This transaction allows users to submit individual eligibility requests at any time using a single DOS or DOS span. This option provides an immediate real time response to each eligibility request. For more information: <http://www.mihealth.org/champs/>
- X12 270/271 (Batch) HIPAA Transaction: This transaction allows users to submit a batch file at any time and receive a response file within 24 hours. For more information: <http://www.mihealth.org/champs/>

Batch Business Use

MDCH supports the batch method for 270/271 transactions and requirements indicated in the X12N 270/271 (005010X279) TR3. Per the TR3, on a batch 270, up to ninety-nine patient requests may be submitted on a single file. Loop 2000C occurrences in excess of ninety-nine will receive a negative 999 with the following error message: "Number of patient requests is <requests in the 271>". Recommended maximum for requests is 99".

Eligibility inquiries for Disproportionate Share Hospital (DSH) audits are available for Hospital Providers (Inpatient only) enrolled under the Facility/Agency Organization (FAO) enrollment type. Providers need to complete the following steps in order to submit Dates of Service (DOS) older than 1 year:

Step 1: Go to the 'Complete Modification Checklist' in the CHAMPS Provider Subsystem to complete the "Manage Provider Checklist" questions including the following DSH question:

"Do you need eligibility data (via HIPAA 270/271 Batch transaction) for DOS older than 1 year to complete a Medicare DSH audit? Selecting Yes acknowledges that any 270 eligibility inquiry you submit with a DOS older than 1 year will only be used for Medicare DSH validation and for services related to Inpatient Hospital."

Step 2: Select "Yes" under the Answer field drop-down for this question. This will generate an access request to MDCH to approve.

Step 3: Once approved by MDCH, begin submitting 270 transactions using EQ01 Service Type code "48" (Hospital – Inpatient) in the 2110C Loop.

Mode of Batch Submission Descriptions

MDCH supports several batch submission options for Providers and/or their approved Billing Agents..

Data Exchange Gateway (DEG): This option allows Providers and/or Billing Agents to upload electronic 270 batches using the DEG. Providers and/or their clearinghouse vendor(s) must obtain a Billing Agent ID and DEG user ID/password to submit/receive HIPAA Transactions. Please visit the following websites for more information:

- *How to enroll as a Billing Agent in CHAMPS:* www.michigan.gov/medicaidproviders (From this link, select: Billing and Reimbursement, then Electronic Billing, and then How to Become an E-Biller.)
- *DEG:* www.michigan.gov/medicaidproviders (From this link, select: Billing and Reimbursement, then Electronic Billing, and then B2B Testing.)

Electronic Batch – Upload Process: This option in the CHAMPS system allows Providers and/or Billing Agents to upload electronic 270 batches directly into CHAMPS without using the DEG.

Note: *Clearinghouse vendors will need to enroll as a Billing Agent in CHAMPS and also be associated to their Providers to be able to submit 270/271 transactions on their behalf. Please visit the MDCH website for more information: www.michigan.gov/medicaidproviders. (From this link, select: Billing and Reimbursement, then Electronic Billing, and then How to Become an E-Biller.)*

Upload/Submission Notes for ANSI ASC X12 270 Health Care Eligibility Benefit Inquiry

Please refer to the MDCH Electronic Submission Manual for information regarding:

- Interaction with the MDCH's Data Exchange Gateway (DEG)
- Modes of submission (FTP, SSL FTP, HTTPS, or electronic batch submission)
- Interchange Acknowledgement (TA1) transaction
- Interchange Acknowledgement (999) transaction

This document uses several text conventions to aid in the interpretation of the Companion Guide Rules. The following table lists the text conventions used in this document for 270 transactions **submitted** to MDCH.

Convention used	Explanation
< >	Text included within < > describes the values MDCH requires for submission.
" "	Text with " " around a value represents HIPAA TR3 values.
()	The HIPAA TR3 description of the value in quotes, described above, is provided parenthetically.

ANSI ASC X12 270 Health Care Eligibility Benefit Inquiry Companion Guide Rules

270 - Interchange Control Header

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Interchange Control Header	
	ISA		Segment – Interchange Control Header	
	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present / No Meaningful Information in I02)
	ISA	ISA02	Authorization Information	<10 Spaces>
	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present / No Meaningful Information in I04)
	ISA	ISA04	Security Information	<10 Spaces>
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA06	Interchange Sender ID	<CHAMPS Trading Partner ID>
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA08	Interchange Receiver ID	<D00111>
	ISA	ISA15	Interchange Usage Indicator	"P" (production) or "T" (test) data
	ISA	ISA16	Component Element Separator	<:;>
			Loop – Functional Group Header	
	GS		Segment – Functional Group Header	
	GS	GS02	Application Sender's Code	Trading Partner ID

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				<p>For FTP, SSL FTP, or HTTPS use the DEG ID. For electronic batch use the CHAMPS Provider ID or NPI</p> <p>This value should always match ISA06 <Interchange Sender ID>.</p>
	GS	GS03	Application Receiver's Code	"D00111" for MDCH

270 - Transaction Set

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Transaction Set Header	
			Segment – Beginning of Hierarchical Transaction	
	BHT	BHT02	Transaction Set Purpose Code	"13" (Request)
2100A			Loop – Information Source Name	
2100A	NM1		Segment – Information Source Name	
2100A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2100A	NM1	NM103	Name Last or Organization Name	<Michigan Department of Community Health>
2100A	NM1	NM108	Identification Code Qualifier	"PI" (Payor Identification)
2100A	NM1	NM109	Identification Code	<D00111> <D00111-MIChild> (for MIChild Inquiries)
2100B			Loop – Information Receiver Name	
2100B	NM1		Segment – Information Receiver Name	
2100B	NM1	NM108	Identification Code Qualifier	"SV" (Service Provider Number) "XX" (Use Center for Medicare and Medicaid Services National Provider Identifier) to identify NPI unless exempt.
2100B	NM1	NM109	Identification Code	"SV" (7-Digit CHAMPS Provider ID) "XX" (National Provider Identifier)
2100C			Loop – Subscriber Name	
2100C	NM1		Segment – Subscriber Name	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	NM1	NM103	Name Last or Organization Name	<Member Last Name>
2100C	NM1	NM104	Name First	<Member First Name>
2100C	NM1	NM105	Name Middle	<Member Middle Name>
2100C	NM1	NM106	Name Suffix	<Member Name Suffix>
2100C	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2100C	NM1	NM109	Identification Code	<CHAMPS Beneficiary ID> or <CHAMPS CIN Number>
2100C	REF		Segment – Subscriber Additional Information	
2100C	REF	REF01	Reference Identification Qualifier	Identify the Beneficiary's SSN in this segment if using as search option. "SY" (Social Security Number)
2100C	REF	REF02	Reference Identification	Identify the Beneficiary's SSN in this segment if using as search option.
2100C	N4		Segment – Subscriber City, State, Zip Code	
2100C	N4	N403	Postal Code	<Subscriber Postal Zone or ZIP Code> Identify the Beneficiary's Zip code in this segment if using as Alternate Search option
2100C	DMG		Segment – Subscriber Demographic Information	
2100C	DMG	DMG02	Date Time Period	<Member's Birth Date>, in CCYYMMDD format is using as a search option
2100C	DMG	DMG03	Gender Code	"F" (Female) "M" (Male) If using as Alternate Search option
2100C	DTP		Segment – Subscriber Date	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	DTP	DTP01	Date/Time Qualifier	The following codes are recommended: “307” (Eligibility) “435” (Admission) “472” (Service) Code “102” (Issue) is currently not supported.
2100C	DTP	DTP03	Date Time Period	Date can be a maximum of one year prior or up to the last day of the current month. Exception: Inpatient hospitals may query dates older than one year prior to the last day of the current month. Date range cannot be greater than 3 months.
2110C			Loop – Subscriber Eligibility or Benefit Inquiry	
2110C	EQ		Segment – Subscriber Eligibility or Benefit Inquiry	
2110C	EQ	EQ01	Service Type Code	For current eligibility inquiry, MDCH recommends using value “30” (Health Benefit Plan Coverage). Any value reported in this data element will result in the 271 response containing EB Segments applicable to the recipient’s MDCH program coverage. DSH Inquiries: “48” (Hospital – Inpatient)

Download/Receipt Notes for ANSI ASC X12 271 Health Care Eligibility Benefit Inquiry Response

The 271 transaction can be downloaded from the Data Exchange Gateway (DEG) in two formats, either ASCII or binary formats. When downloading to ASCII, files will include line feeds. These control characters will appear after each segment, and will function as carriage returns. However, downloading to binary eliminates the use of line feeds. Please refer to the MDCH Electronic Submission Manual for information regarding:

- Interaction with the MDCH's Data Exchange Gateway (DEG)
- Modes of retrieval (ASCII and binary formats) including Line Feed information

This document uses several text conventions to aid in the interpretation of the Companion Guide Rules. The following table lists the text conventions used in this document for 271 transactions *sent by* MDCH.

Convention used	Explanation
< >	Text included within < > describes the value sent by MDCH.
" "	Text with " " around a value represents HIPAA TR3 values.
()	The HIPAA TR3 description of the value in quotes, described above, is provided parenthetically.

ANSI ASC X12 271 Health Care Eligibility Benefit Inquiry Response Companion Guide Rules

271 - Interchange Control Header

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Interchange Control Header	
	ISA		Segment – Interchange Control Header	
	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present / No Meaningful Information in I02)
	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present / No Meaningful Information in I04)
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA06	Interchange Sender ID	<D00111>
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA08	Interchange Receiver ID	<CHAMPS Trading Partner ID>
	ISA	ISA09	Interchange Date	(interchange date), in YYMMDD format
	ISA	ISA10	Interchange Time	(interchange time), in HHMM format
	ISA	ISA12	Interchange Control Standards Identifier	<00501>
	ISA	ISA13	Interchange Control Number	<Unique Identifier for a Trading Partner>
	ISA	ISA14	Acknowledgment Requested	"0" (no acknowledgment requested) "1" (acknowledgement requested)
	ISA	ISA15	Interchange Usage Indicator	"P" (production) or "T" (test) data

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ISA	ISA16	Component Element Separator	<:~>
			Loop – Functional Group Header	
	GS		Segment – Functional Group Header	
	GS	GS01	Functional Identifier Code	"HS"
	GS	GS02	Application Sender's Code	<CHAMPS Trading Partner ID>
	GS	GS03	Application Receiver's Code	<D00111>
	GS	GS04	Date	(functional group creation date), in CCYYMMDD format
	GS	GS05	Time	(functional group creation time), in HHMM format
	GS	GS07	Responsible Agency Code	"X" (Accredited Standards Committee X12)
	GS	GS08	Version/Release/Industry Identifier Code	<005010X279>

271 - Transaction Set

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Transaction Set Header	
	ST		Segment - Transaction Set Header	
	ST	ST01	Transaction Set Identifier Code	<271> (Eligibility, Coverage, or Benefit Inquiry)
	ST	ST03	Implementation Code Reference	<005010X279>
2100A			Loop – Information Source Name	
2100A	NM1		Segment – Information Source Name	
2100A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2100A	NM1	NM108	Identification Code Qualifier	"PI" (Payor Identification)
2100A	NM1	NM109	Identification Code	<D00111> (for MDCH) or <D00111-MIChild> (for MIChild Inquiries)
2100B			Loop – Information Receiver Name	
2100B	NM1		Segment – Information Receiver Name	
2100B	NM1	NM103	Name Last or Organization Name	Reported if available and NM102 is 1.
2100B	NM1	NM104	Name First	Reported if available and NM102 is 1
2100B	NM1	NM105	Name Middle	Reported if available and NM102 is 1
2100B	NM1	NM107	Name Suffix	Reported if available and NM102 is 1
2100B	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Service

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				National Provider Identifier) for NPI-mandated providers. “SV” (Service Provider Number) for NPI-exempt providers.
2100B	NM1	NM109	Identification Code	Reported if available and NM102 is 1
2100B	AAA		Segment – Information Receiver Request Validation	
2100B	AAA	AAA03	Reject Reason Code	“43” (Invalid/Missing Provider Identification) “51” (Provider Not on File)
2000C			Loop – Subscriber Level	
2000C	TRN		Segment – Subscriber Trace Number	
2000C	TRN	TRN02	Reference Identification	Reported if present in 270
2000C	TRN	TRN03	Originating Company Identifier	Reported if present in 270
2100C			Loop – Subscriber Name	
2100C	NM1		Segment – Subscriber Name	
2100C	NM1	NM101	Entity Identifier Code	“IL” (Insured or Subscriber)
2100C	NM1	NM103	Name Last or Organization Name	Reported if available and NM102 is 1.
2100C	NM1	NM104	Name First	Reported if available and NM102 is 1.
2100C	NM1	NM105	Name Middle	Reported if available and NM102 is 1.
2100C	NM1	NM107	Name Suffix	Reported if available and NM102 is 1.
2100C	NM1	NM108	Identification Code Qualifier	“MI” (Member Identification Number)
2100C	NM1	NM109	Identification Code	For MICHild Inquiries: Ten-digit CIN will be returned. For all other inquiries: Ten-digit Beneficiary ID will be returned.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	REF		Segment – Subscriber Additional Information	
2100C	REF	REF01	Reference Identification Qualifier	The following codes are returned as applicable: “3H” (Case Number) Source MA only “EJ” (Patient Account Number) Code and Data in REF03 only. “SY” (Social Security Number) Only returned if used as a search option in 270. “IN” Send this qualifier to report Subscriber's County Code
2100C	REF	REF02	Reference Identification	The following codes are returned as applicable: “3H (Case Number) Department of Human Service (DSH) Case Number is returned for Source MA only. “EJ” (Patient Account Number) Code and Data in REF03 only. “SY” (Social Security Number) Only returned if used as a search option in 270. “IN” Send this qualifier to report Subscriber's County Code
2100C	REF	REF03	Description	“<Residence County Code” reported if REF02 is “IN” <DSH Worker Load Number> for Source MA if REF01 = “3H”
2100C	AAA		Segment – Subscriber Request Validation	
2100C	AAA	AAA03	Reject Reason Code	“52” (Service Dates Not Within Provider Plan Enrollment) “75” (Subscriber/Insured Not Found) “76” (Duplicate Subscriber/Insured ID Number)
2120C			Loop – Subscriber Benefit Related Entity Name	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2120C	PER		Segment – Subscriber Benefit Related Entity Contact Information	
2120C	PER	PER02	Name	<DHS Service County Name, DHS District Name (if applicable)> Reported for Source MA only.
2120C	PER	PER03	Communication Number Qualifier	"TE" (Telephone)
2120C	PER	PER04	Communication Number	<DHS Office Number Or Worker Number> Reported for Source MA only.

Supplementary Information

Appendix A: Crosswalk of MDCH Eligibility Data to EB01, EB03, EB04, EB05, and EB07

2120C Loop																	
Eligibility-Data	Level of Care	EB01	EB03 (Repeating)										EB04	EB05	EB07	MSG Segment	Reporting of Additional Information/Comments
			1	2	3	4	5	6	7	8	9	10					
Benefit Plan: ABW	N/A	1	30	1	50	86	88	98	UC				OT	ABW		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	
Benefit Plan: ABW MC	11	1	30	1	50	86	88	98	UC				HM	ABW MC		Contact the CHP for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS ID, County Health Plan name, Billing address, 24HR phone number in Loop 2120C
Benefit Plan: ABW-ESO	N/A	1	30	86									OT	ABW-ESO		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	

2120C Loop																		
Eligibility-Data	Level of Care	EB01	EB03 (Repeating)										EB04	EB05	EB07	MSG Segment	Reporting of Additional Information/Comments	
			1	2	3	4	5	6	7	8	9	10						
Benefit Plan: BMP	14	1	30										OT	BMP		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Additional Data: NPI, Provider name, Provider Address and phone number in Loop 2120C	
Benefit Plan: CMH	N/A	1	30	MH									HM	CMH		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS ID, CMH Plan name, Billing address, and 24HR phone number in Loop 2120C	
Benefit Plan: CSHCS	N/A	1	30	1	33	35	47	86	88	98	AL	UC	OT	CSHCS "This NPI is listed. See CSHCS guidelines ." or "This NPI not listed. See CSHCS guidelines ."		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Additional Data: If inquiring provider is Authorized for the DOS: - Loop 2100C, HI Segment(s): Diagnosis code(s) - Loop 2110C, EB14 Segment(s): Diagnosis Code Pointer, use to link to HI code. - Loop 2120C, NM1 Segment: Authorized	

2120C Loop																		
Eligibility-Data	Level of Care	EB01	EB03 (Repeating)										EB04	EB05	EB07	MSG Segment	Reporting of Additional Information/ Comments	
			1	2	3	4	5	6	7	8	9	10						
																	provider data. Note: Diagnosis codes provided for singles DOS only.	
Benefit Plan: CSHCS-MH	Y (CSHCS PCCM Indicator)	1	30	CQ									OT	CSHCS-MH		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Additional Data: If inquiring provider is Authorized or PCCM for the DOS: -Loop 2120C, NM1 Segment: Authorized provider data	
Benefit Plan: CWP	N/A	1	30	MH									OT	CWP				
Benefit Plan: HK-Dental	N/A	1	30	35									HM	HK-Dental		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Additional Data: Dental Plan Name, Billing address and Phone number reported in Loop 2120C	
Benefit Plan: HK-EXP		1	30	35									MC	HK-EXP FFS Dental			Note: Segment is reported if the beneficiary has Fee for Service Dental	

2120C Loop																		
Eligibility-Data	Level of Care	EB01	EB03 (Repeating)										EB04	EB05	EB07	MSG Segment	Reporting of Additional Information/Comments	
			1	2	3	4	5	6	7	8	9	10						
Benefit Plan: HK-EXP	N/A	1	30	1	33	47	86	88	98	UC	AL		MC	HK-EXP		Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.		
Benefit Plan: HK-EXP-ESO	N/A	1	30	86									MC	HK-EXP-ESO		Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.		
Benefit Plan: Hospice	16	1	30	45									OT	Hospice		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Note: Separate EB Segment reported if PPA on file.	
Benefit Plan:	16	B	30	45									OT	Hospice PPA	<PPA>			

2120C Loop																	
Eligibility-Data	Level of Care	EB01	EB03 (Repeating)										EB04	EB05	EB07	MSG Segment	Reporting of Additional Information/Comments
			1	2	3	4	5	6	7	8	9	10					
Hospice																	
Benefit Plan: HSW	N/A	1	30	MH									OT	HSW			Additional Data: Provider name, and phone number in Loop 2120C
Benefit Plan: ICF/MR-DD	08	1	30	CG									OT	ICF/MR-DD		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	
Benefit Plan: INCAR	32	1	30	48									OT	INCAR		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	
Benefit Plan: INCAR-MA	32	1	30	48									OT	INCAR-MA		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	

2120C Loop																		
Eligibility-Data	Level of Care	EB01	EB03 (Repeating)										EB04	EB05	EB07	MSG Segment	Reporting of Additional Information/ Comments	
			1	2	3	4	5	6	7	8	9	10						
Benefit Plan: INCAR - ESO	32	1	30	48									OT	INCAR - ESO		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.		
Benefit Plan: INCAR-MA-ES	32	1	30	48									OT	INCAR-MA-ES		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.		
Benefit Plan: INCAR-ABW	32	I												INCAR-ABW		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	No benefits	
Benefit Plan: MA		1	30	35									MC	MA FFS Dental				
Benefit Plan: MA		1	30	1	33	47	86	88	98	AL	UC		MC	MA		Refer to Medicaid Provider Manual/MDCH website for details on covered services		

2120C Loop																		
Eligibility-Data	Level of Care	EB01	EB03 (Repeating)										EB04	EB05	EB07	MSG Segment	Reporting of Additional Information/Comments	
			1	2	3	4	5	6	7	8	9	10						
																including PA, copay and other requirements. Some services may not be covered if age 21 and older.		
Benefit Plan: MA-ESO		1	30	86									MC	MA-ESO		Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.		
Benefit Plan: MA-MC	07	1	30	1	33	47	86	88	98	AL	UC		HM	MA-MC		Contact the MHP for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS ID, Medicaid Health Plan name, Billing address, and 24HR phone number in Loop 2120C	
Benefit Plan: MI Child	M	1	30	1	33	47	86	88	98	UC			HM	MI Child		Contact the Plan for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS ID, Medical Health Plan name, Billing address, and 24HR phone number in Loop	

2120C Loop																		
Eligibility-Data	Level of Care	EB01	EB03 (Repeating)										EB04	EB05	EB07	MSG Segment	Reporting of Additional Information/Comments	
			1	2	3	4	5	6	7	8	9	10						
																		2120C
Benefit Plan: MI Child - D	D	1	30	35									HM	MI Child - D		Contact the Plan for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS ID, Dental Health Plan name, Billing address, and 24HR phone number in Loop 2120C	
Benefit Plan: MIChoice	22	1	30	42									OT	MIChoice		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.		
Benefit Plan: MOMS	N/A	1	30	47	69	88	98	BU					OT	MOMS		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.		
Benefit Plan: NH	02	1		54									OT	NH		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA,	Additional Data: NPI and Provider name in Loop 2120C . Separate EB Segment reported	

2120C Loop																	
Eligibility-Data	Level of Care	EB01	EB03 (Repeating)										EB04	EB05	EB07	MSG Segment	Reporting of Additional Information/Comments
			1	2	3	4	5	6	7	8	9	10					
																copay and other requirements.	if PPA on file.
Benefit Plan: NH	02	B		54									OT	NH PPA	<PPA>		
Benefit Plan: PACE	07	1	30	1	33	35	47	86	88	98	AL	UC	HM	PACE		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS ID, PACE Provider name, Billing address, and 24HR phone number in Loop 2120C
Benefit Plan: PIHP	N/A	1	30	MH	AI								HM	PIHP		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS Provider ID, Provider name, Provider Address and phone number in Loop 2120C
Benefit Plan: Plan First	N/A	1	30	82									OT	Plan First		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements. Use V25 diagnosis code family as primary.	

2120C Loop																		
Eligibility-Data	Level of Care	EB01	EB03 (Repeating)										EB04	EB05	EB07	MSG Segment	Reporting of Additional Information/ Comments	
			1	2	3	4	5	6	7	8	9	10						
Benefit Plan: QMB	N/A	1	30										SP	QMB		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.		
Benefit Plan: SA	N/A	1	30	AI									HM	SA		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS Provider ID, Provider name, Provider Address and phone number in Loop 2120C	
Benefit Plan: SED	N/A	1	30	MH									OT	SED				
Benefit Plan: Spendown		Y											OT	Spendown		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	No benefits	
Benefit Plan: TMA-Plus		1	30	35									MC	TMA-Plus FFS Dental				

2120C Loop																		
Eligibility-Data	Level of Care	EB01	EB03 (Repeating)										EB04	EB05	EB07	MSG Segment	Reporting of Additional Information/Comments	
			1	2	3	4	5	6	7	8	9	10						
Benefit Plan: TMA-Plus	N/A	1	30	1	33	47	86	88	98	AL	UC		OT	TMA-Plus		Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.		
Benefit Plan: TMA-Plus-ESO	N/A	1	30	86									OT	TMA-Plus-ESO		Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.		
Other: PPA for Inpatient Hospital	10	B	30	48									OT	PPA for Inpatient Hospital Acute Care	<PPA> (report a zero 0 amount if no PPA on file)		This segment is provided in addition to a separate segment to report BP data above.	

2120C Loop																	
Eligibility-Data	Level of Care	EB01	EB03 (Repeating)										EB04	EB05	EB07	MSG Segment	Reporting of Additional Information/ Comments
			1	2	3	4	5	6	7	8	9	10					
Other: LTC has been Disapproved	55	I		54									OT	Need for LTC has been Disapproved			This segment is provided in addition to a separate segment to report BP data above.
Other: LTC Facility or Waiver Service not Covered	56	I		54									OT	LTC Facility or Waiver Service not Covered			This segment is provided in addition to a separate segment to report the BP data above.
Other: PCP	N/A	L											HM	PCP			Additional Data, 2120C Loop: PCP name, address and Phone. Note: PCP Data only reported if inquiry DOS (single or span) includes current date.
Other: PCP	N/A	L											HM	PCP Not Available, Contact the MHP.			Note: Only reported if inquiry DOS (single or span) includes current date.

2120C Loop																	
Eligibility-Data	Level of Care	EB01	EB03 (Repeating)										EB04	EB05	EB07	MSG Segment	Reporting of Additional Information/Comments
			1	2	3	4	5	6	7	8	9	10					
Other: Pending Elig	N/A	8	30											Pending Eligibility			Note: Reported if pending MA application record on file regardless of DOS submitted in 270.
Other; TPL	N/A	R	30										OT	TPL			Additional Data: - 2120C Loop: Payer ID, Payer Address, Group Number, Policy number, Policy Holder ID, and Policy Holder Name (if on file), - 2110C Loop: Date last updated (DTP), Coverage Type Code/Description and OI Code/Description reported (MSG; Data elements separated by commas).

2120C Loop																	
Eligibility-Data	Level of Care	EB01	EB03 (Repeating)										EB04	EB05	EB07	MSG Segment	Reporting of Additional Information/Comments
			1	2	3	4	5	6	7	8	9	10					
Other: TPL-Medicare	N/A	R	30										MA, MB or OT	Medicare			Additional Data: - 2120C Loop: Payer ID, Payer Address, Payer Phone, Policy number, Policy Holder ID, and Policy Holder Name (if on file), - 2110C Loop: Date last updated (DTP), Coverage Type Code/Description and OI Code/Description reported (MSG; Data elements separated by commas).
Other: TPL-Medicare Excluded Alien	N/A	R	30														Note: Segment reported for Information only.

Revision Log

Version Date	Effective Date	Revision Description
February 18, 2011 (Draft)	January 1, 2012	This document replaces <i>Companion Guide For The CHAMPS - HIPAA 270/271 Health Care Eligibility Benefit Inquiry And Response Addenda Version 4010A1</i> , dated October 10, 2010.